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**FEES DUE ON 12/08/2004.**  
**FEETRANSMITTAL**  
**For FY 2009**

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**Complete If Known**

Application Number	10/582,922
Filing Date	06/13/2006
First Named Inventor	Athanasiou Athanasiou
Examiner Name	Michael P. Nghiem
Art Unit	2863
Attorney Docket No.	2003P01911WOUS

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 220.00**METHOD OF PAYMENT** (check all that apply)
 Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

 Deposit Account    Deposit Account Number: 502786    Deposit Account Name: BSH Home Appliances Corp.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity Fee (\$)</u>
_____ - 20 or HP = _____	_____ x 52.00 = _____	52	26	

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
4 - 3 or HP = 1 x 220.00 = 220.00				Fee (\$)

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____ / 50 = _____ (round up to a whole number)	_____ x _____ = _____			

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

Fees Paid (\$)**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 32,860	Telephone 252-672-7927
Name (Print/Type)	Russell W. Wamock		Date February 5, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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ATTORNEY DOCKET NO.: 2003P01911WOUS

**CERTIFICATE OF MAILING UNDER 37 CFR 1.8**

Serial No.: 10/582,922  
Filing Date: 06/13/2006  
Applicant: Athanasiou  
Title: HOUSEHOLD APPLIANCE AND METHOD FOR DETERMINING A CAUSE OF FAILURE ON THIS APPLIANCE  
Date of Deposit February 5, 2009  
Type of Document(s) Certificate of Mailing (1 page);  
Petition for Extension of Time (1 page);  
Fee Transmittal Form (1 page);  
Amendment A (15 pages);  
Replacement Drawing (1 page);  
Return postcard.

**CERTIFICATE OF MAILING UNDER 37 C.F.R. Section 1.8**

I hereby certify that this paper, including all enclosures referred to herein, is being deposited with the United States Postal Service as first-class mail, postage pre-paid, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

February 5, 2009

Russell W. Warnock

Date of Deposit

Name of Person Signing

Russell W. Warnock  
Signature

Russell W. Warnock, Reg. No. 32,860  
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